

Plan of Supervision Instructions:

1. Plan of Supervision is to be completed with the application.
2. This form must be utilized with all sections completed (use N/A for any section that does not apply).
3. This form is required in accordance with the supervisory requirements identified in Chapter 2, Section 6.C. & D. of the rules of Maine Board of Osteopathic Licensure.

***Maine Board of Osteopathic Licensure***

PHYSICIAN ASSISTANT/PRIMARY SUPERVISING PHYSICIAN  
**WRITTEN PLAN OF SUPERVISION**

**I. Practice Setting and Scope of Practice:**

Please provide a brief description of the practice setting, the types of patients and patient encounters common to this practice, and a general overview of the role of the Physician Assistant in the practice.

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**II. Supervision**

**A. Supervisory Arrangements:**

Please describe the relationship of, and access to, the primary supervising physician. Provide an explanation of the mechanisms for on-site and off-site physician supervision and communication.

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**B. Coverage:**

Please provide a description of supervision when the primary supervising physician is not available.

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**C. Will the PA be performing medical care tasks which are outside the normal practice of the primary supervising physician? Yes\_\_\_\_\_ No \_\_\_\_\_**

If yes, please define and identify the supervisory arrangements that have been delegated by the supervising physician to assure appropriately trained supervision.

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**III. Performance Evaluation**

Please describe the mechanisms and process of the evaluation of the PAs medical care, including the frequency of meetings between the PA and the Primary Supervising Physician to discuss clinical issues.

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**IV. Chart Review**

Please describe the chart review process of the primary supervising physician, including frequency and percentage of charts to be reviewed.

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**V. Attestation: We have reviewed and agree to the content of this form.**

Name of Physician Assistant	License Number	Date	Signature
Name of Supervising Physician	License Number	Date	Signature
Name of Secondary Supervisor	License Number	Date	Signature
Name of Secondary Supervisor	License Number	Date	Signature